

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A	37	06/22/01
O.I.P.E. CLASSIFIER	AK	931	08/16/01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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